U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U · 3677	2. Fiscal Year Covered From:			
	1 / 01 / 04 Through: 12 / 31 / 04			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Geoffrey D. Paluzzi	Name Plumbers & Pipefitters Local 172			
	Labor Organization File Number 043-683			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4219 Cottage Ave	Street 4172 Ralph Jones Court			
City Mishawaka	City South Bend			
State IN ZIP Code + 4 46544	State IN ZIP Code + 4 46628			
5. Position in labor organization.				

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Name , Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
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State ZIP Code # 4	Particle Control of

Signature

13. Signature and verification The undersigned declares	
o decides. The didensighted decides.	Under Denaity of Perius, and other applicable namelias at the contract of the
Stibmitted in this connect (including the time.	remains of the information
subtracted in this report (including the information contained in	under penalty of Perjury and other applicable penalties of the law, that all of the information any accompanying documents), has been examined by the signatory and is, to the best of the lett. (See the section on penaltics in the instructions)
undersian a dia la anche la	ete. (See the section on penalties in the instructions.)
UNUELSIGNED S KNOWLEDGE and helief true correct and some	the Country and is the hest of the
5 == 1 montage and benefit true, confect, and compl	Ele. Dee the section on negative in the instructions
	the country of periaties in the instructions.)

Signed

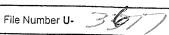
On

July 14, 2005

574-256-0824

Date

Telephone Number



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B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Stewart C. Miller & Co.		
Trade Name, if any:	a. Labor Organization	
, D.O. Davi Bilda D	b. Trust	
P.O. Box, Bldg., Room No., if any Street 2111 W. Lincoln Highway	c. Employer	
City Merrillville		
State IN ZIP Code + 4 46410		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Plumbers & Pipefitters Local 172 401k Plan	Plan Administrator	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 4172 Ralph JOnes Court		
City South Bend	11.b. Approximate dollar value of such dealing. \$4,000.00	
State ZIP Code + 4 46628	12.a. Nature of interest held or income received.  Holiday Gift	
·	12.b. Amount, \$30.98	
	MINIOUTE A	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consulta	ant	14.a. Nature of payment.	,	
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State	ZIP Code + 4				
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.		